



For Department Use Only

Trans #:		Issued By:	
Code #:		Date Issued:	

APPLICATION FOR FREE ANNUAL RESIDENT DISABLED FISHING LICENSE For Persons 16+ Years of Age with Severe Mental or Physical Disabilities

Please provide the completed application and supporting documentation to an address listed on page 2.

APPLICANT INFORMATION

Full Name:					Phone #:	()	
Address:				County:			
City/State/Zip:							
*Social Security # <u>or</u> Valid Iowa Driver's License #:			Birth Date:			Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Eye Color:		Height:	ft.	in.	Weight:	lbs.	E-mail:

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a) (13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa child Support Collection Unit to establish, modify, and enforce child support obligations and to collect liabilities owed to the state or a state agency. It **WILL NOT** appear on your license.

ELIGIBILITY REQUIREMENTS

- ☐ I am 16 or more years of age **AND** severely mentally or physically disabled as defined in the Iowa Administrative Code, Chapter 571-15.24(483A). (See specific criteria outlined below)

Provide the following documentation as proof of eligibility: An attending physician's signature must be provided on the following documentation.

- ☐ Physician Certification (Completed by your attending physician – see page 2)
- ☐ A medical statement from attending physician specifying your disability on an 8-1/2" x 11" stationery or on paper inscribed with your attending physician's letterhead. (For purposes of this rule, the attending physician must be a currently practicing doctor of medicine, doctor of osteopathy, physician assistant or nurse practitioner.)

IOWA ADMINISTRATIVE CODE, CHAPTER 571-15.24(483A)

571-15.24(483A) Free annual fishing license for persons who have severe mental or physical disabilities.

15.24(1) Purpose. Pursuant to Iowa Code subsection 483A.24(9), the department of natural resources will issue a free annual fishing license to Iowa residents 16 or more years of age who have severe mental or physical disabilities who meet the definition of "severe mental disability" or "severe physical disability" in 15.24(2).

15.24(2) Definitions. For the purposes of this rule, the following definitions apply:

"Severe mental disability" means a person who has severe, chronic conditions in **all of the following areas** that

1. Are attributable to a mental impairment or combination of mental and physical impairments;
2. Result in substantial functional limitations in three or more of the following areas of major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency;
3. Reflect the person's need for a combination and sequence of services that are individually planned and coordinated; **AND**
4. Requires the **full-time assistance of another person** to maintain a safe presence in the outdoors.

"Severe physical disability" means a disability that limits or impairs the person's mobility or use of a hand or arm **AND** that requires the **full-time assistance of another person** or that makes the person dependant on a wheelchair for the person's normal life routine.

ATTENDING PHYSICIAN CERTIFICATION

I, _____ do hereby certify that I am the attending physician for the above-named applicant and declare that said applicant is severely mentally or physically disabled **as defined in the Iowa Administrative Code, Chapter 571-15.24(483A)**, which is found on page 1 of this application. *(The attending physician must be a currently practicing doctor of medicine, doctor of osteopathy, physician assistant or nurse practitioner.)*

I am attaching a medical statement on my 8-1/2" x 11" stationery or letterhead stating the applicant has a severe mental or physical disability and that the said applicant requires the full-time assistance of another person to maintain a safe presence in the outdoors OR is dependent on a wheelchair for the person's normal life routine.

ATTENDING PHYSICIAN INFORMATION

Address:		Phone #:	()
City/State/Zip:			

Attending Physician's Signature

Date

APPLICANT ACKNOWLEDGEMENT


You MUST INITIAL next to each of the following statements as acknowledgement of your understanding:

_____	I understand that the free annual fishing license will be issued by the Iowa Department of Natural Resources upon verification of eligibility. The license issued under this rule will be valid until <u>January 10</u> of the subsequent year. I must provide proof of eligibility <u>each</u> year in order to obtain a free license.
_____	I understand persons fishing with this license will need to purchase a Trout Fee if fishing for or possessing trout.
_____	I understand that providing false information on this application will render my license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.
_____	I understand that my license application WILL NOT be processed over-the-counter at a DNR office location and that a <u>minimum of 2 weeks may be required for verification purposes</u> . Upon verification of license eligibility, I understand that my license will be mailed to the address listed on this application.

To process your license request, please provide your completed application (*signed and dated*) and your attending physician's medical statement to any of the Iowa Department of Natural Resources offices below:

Applicant Signature

Date

NW Regional Office Spirit Lake Fish Hatchery 122 252nd Avenue Spirit Lake, IA 51360 Phone: (712) 336-1840	Clear Lake Station 1203 N. Shore Drive Clear Lake, IA 50428 Phone: (641) 357-3517	IDNR Central Office 502 East 9th Street Des Moines, IA 50319 Phone: (515) 281-5918	SW Regional Office Cold Springs State Park 57744 Lewis Road Lewis, IA 51544-5103 Phone: (712) 769-2587	NE Regional Office Manchester Fish Hatchery 22693 205th Avenue Manchester, IA 52057 Phone: (563) 927-3276
	Black Hawk Regional Office 116 South State Road PO Box 619 Lake View, IA 51450 Phone: (712) 657-2638	Rathbun Fish Hatchery 15053 Hatchery Place Moravia, IA 52571 Phone: (641) 647-2406	Chariton Research Station Red Haw State Park 24570 US Hwy 34 Chariton, IA 50049 Phone: (641) 774-2958	